



Higher Education and Employment Advancement Committee  
Testimony prepared by Dr. Alice Pritchard  
February 19, 2009

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Good afternoon. My name is Alice Pritchard and I am the Executive Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. I am testifying today in opposition to *HB 5613: An Act Concerning the Establishment of a Task Force That Shall Study Ways to Increase the Number of Nursing Educators in the State*.

As you may know, through the Office for Workforce Competitiveness, I serve as consultant to the Allied Health Workforce Policy Board. I have also been an advocate for nearly two decades on workforce development for women and girls in the state.

The Connecticut Allied Health Workforce Policy Board (AHWPB) was established in Public Act 04-220 (*An Act Concerning Allied Health Workforce Needs*) to conduct research and planning activities related to the allied health workforce. The Board began meeting in March 2005 and issued its first report to the legislature in February 2006. Throughout its tenure, the Board has met regularly to discuss current initiatives in allied health in the state, gaps in workforce data, issues related to educational programming, and recruitment and retention of the workforce, as well as researching and developing solutions to allied health workforce shortages.

In the February 2006 report to the legislature, the AHWPB identified the need for a comprehensive state faculty staffing plan to address workforce shortages in all allied health professions. The plan was intended to determine the faculty necessary to meet current and projected labor market training needs in all areas, across all public and private institutions and outline the current and needed resources for allied health programs to meet the workforce shortages.

Interview data from faculty having program oversight and management of over 20 discrete allied health program areas, coupled with Department of Higher Education graduation data and CT DOL ten year occupational projections, and online student registration data showed an allied health worker shortage in 15 (44%) of the 34 identified career areas *or clusters* for which demand and graduation statistics was available. According to the report, the full extent of the allied health worker shortage remains unclear because of the increased need for employees within allied health, high projected levels of retiring 'baby boomers', the aging allied health workforce, and the lack of detailed workforce data.

The area of nursing presents the largest challenge, both with sustaining the number of annual graduates and producing even greater numbers for specific positions. With an annual need of

over 1,100 new nurses (the highest across all allied health programs), it is imperative that the state continues, and in fact, expands its investment in the undergraduate and graduate education at public and private colleges and universities. As of 2006, Connecticut nursing schools have increased production to roughly 1,100 new registered nurses annually. However, because of past shortages, the state still finds itself in a deficit position which the current graduate numbers can not alleviate.

In addition, educational institutions find it difficult to increase their student class size because of the trouble in securing faculty to teach in nursing programs. Nearly every Connecticut degree program within nursing and allied health is vulnerable to the current, or anticipated, faculty shortage problem. In fact, colleges and universities sought out 57 waivers for faculty from the Nurse Board of Examiners in 2006 and 2007.

Given its past work in this area, I do not believe that a task force is needed but rather that the Allied Health Workforce Policy Board should continue to monitor the workforce supply and demand for nurse educators as well as best practices for promoting recruitment and retention of these workers.

It is also in the best interests of the state to create a proactive plan to develop instructor talent. The Allied Health Workforce Policy Board has called for the creation of a Scholarship-for-Service model which has been used successfully in government and the armed forces to produce employees for areas of need. Through the *Health and Education Initiative*, the Connecticut Departments of Higher Education and Public Health and the Office for Workforce Competitiveness have invested in this type of support for nursing educators. With continued investment in the *Health and Education Initiative*, the state can produce the master's and doctorate-prepared faculty it needs to educate new nurses and other allied health professionals.

With your support, the Board can continue to play a key role in convening stakeholders who are conducting a variety of initiatives. We have learned a great deal over the last several years and with implementation of our legislative recommendations, particularly as they relate to nursing, the state can impact health care workforce shortages.

The experiences of key stakeholders and our commissioned research are highlighted in the *Allied Health Workforce Policy Board's Annual Legislative Report*. Copies of legislative report are being sent to your offices this week.

I thank you for your time and am always available to answer any questions or provide additional information.